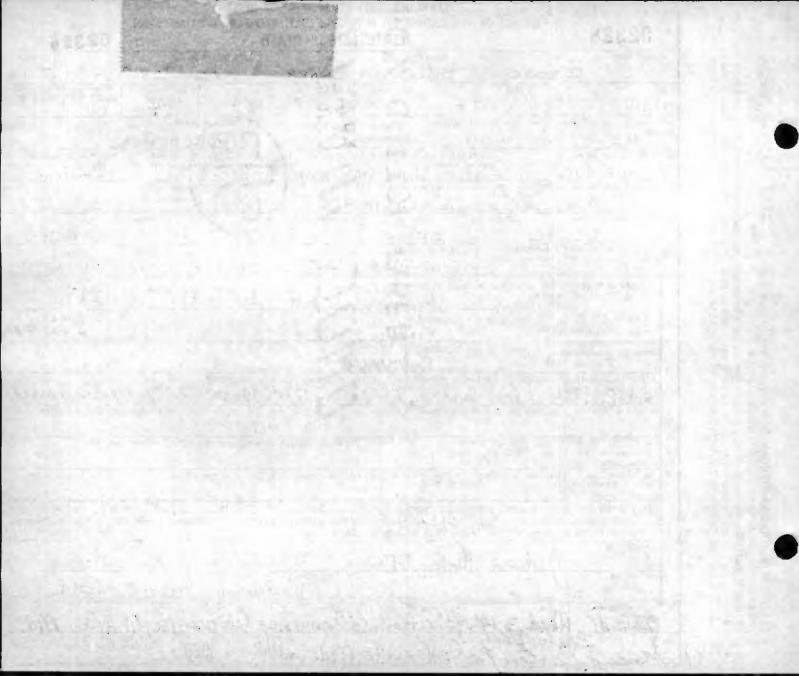
3/1	It	em 18 Film 413 6-13-69arMARYLAND STATE DEPARTMENT OF HEALTH	
1/-		02328 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	02324
4 -24		DECEASED-NAME First Middle Lost 20, DATE OF DEATH	2h HOUR
and			og Yeor Son. M.
The San	3. 5	The state of the s	UNDER I YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
4 hauri		BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED DORCHESTER	Md
ithin 2 within 2 within 2		CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
executed within 24 hat be completely filled in be emaye carban papers.	130.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER 13th COUNTY 14th COUNTY 14th COUNTY 15th COUNTY	SEAT COO
any exec	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First, Middle	Lost
die g		ISAAC BAKER AMANDA	noundot
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Dege 4 may be retained by the hospital ar attending physician. Dege 5 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the forestar, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death.	160	Address (If yes give word dates of service) 715-07-7026ARECORDS of EASTERN Shore S	STATE HOSP.
ath cer nding p it. The	Г	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) Symptoms referable to cardio- PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) AND DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	BETWEEN ONSET AND DEATH
after permian, a		4409 DUE TO, OR AS A CONSEQUENCE OF	1 Month
hat the y the ansit		Conditions, if only, which gove rise to immediate cause (a), (b) Cahilla Senile DUE TO, OR AS A CONSEQUENCE OF	of whiched lesign
ries t ysicia med b ial-tr		lost. (d) Warmany (
v requiring physical signatures of the pure to burners of the pure t	×	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) GENERAL CHARLE Brain Syndrome. E Pay Chills A. T. M. Millian Charles III (b)	equily distance)
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-traishauld be filed with the State Dept. of Health priar to burial, cre	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONS	IDERED IN CERTIFYING
AN: 1 al ar icate for us Health	AL CERI	21 G. ACCIDENT WAS UNDERLYING OF INJURY OF INJ	n 18.)
SSICI Sspit certiff ned t. of	MEDICAL	(If either, notify medical examiner) P.M. 19	County State
this this detack		While Not while OFFICE BUILDING, ETC.	
DING 1 by 1 After 1 be 6		22a. I certify that (I) (this haspital) attended the deceased from 22, 1968, to 228, 1969, and that in (my) (our) apinion death occurred on the date causes stated above, (I) (we) (did) (did nat) view the bady after death.	1, that (I) (we) last
TOR: hauld th the		causes stated abave, (1) (we) (did) (did nat) view the bady after death.	T STONED
OR A DIREC		Qulie L. Neg ton M. O. DEGREE ATTENDING DIRECTOR DIRECTOR PHYS.	2 28/69
TO HOSPITAL Page 4 may to FUNERAL I directar, pag shauld be fill		22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS 1/2 Egentum Baltingon	21212
Page 5 FUN shaul	230	stratural (Specify)/ VI had 3 (0) had 3 (0) had 3	(County) (Stote)
VR A15 (4)	24.		NATURI MATURI
45M - 1/65	1	rumes to Tailor 12, EATHEUILE, 11d, DATE WITH 2 1000	0 0



CAMBRIDGE, MD.

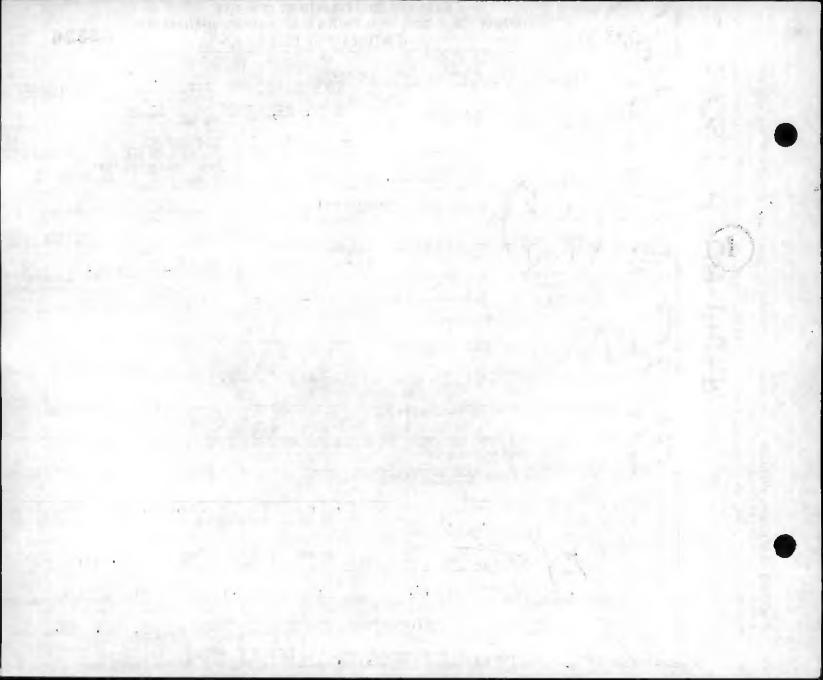
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deoth. by the funeral Pages 1 and 2 requires that the death certificate be executed within 24 hours after death d completely filled in by the carbon papers. Pages 1 any signed by the ottending plantial-tronsit permit. Then burial, tremation, or remov os the has been be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate detached should page 3 director,

CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) CHARLES EDWARD CAMPER 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) MALE 1885 NEGRO SEPT. 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) MARYLAND WIDOWED -DIVORCED DORCHESTER 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY CAMBRIDGE MD. CAMBRIDGE LABORER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? ladmissian) STATE 13e. STREET AND NUMBER 13b. COUNTY NOK RURAT. 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First Middle Last FISHER FEDINITAL CAMPER CATHERINE 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no or unknown) SHERLEY CAMPER. THOMPSONTOWN, MD. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (d) Adenocarcinoma of gall-bladder DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause (PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO A YES T 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from 221. 19 19 19 to 12. 19 19 that (1) (we) last saw the deceased alive in Feb. 12, 1969, and that causes stated abave. (1) (we) (did) (bid not) view the bady after death. 19.69, and that in (my) (aur) opinion death accurred on the date and hour and fram the 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR 1969 Feb. 13. DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) dwin Fassett, I.D. High St., Cambridge, aryland 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) HENDWAL (Appkify) 2/15/1969 THOMPSONTOWN THOMPSONTOWN. DOR. CEMETERY 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DEFINE Par Cadas

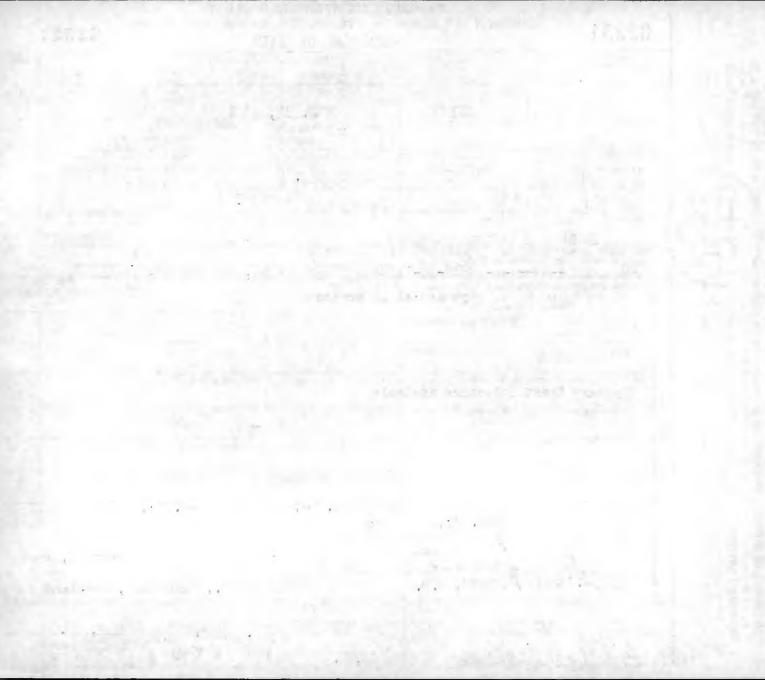
CAMBRIDGE, MD.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1120	JJ I		CERTIFICATE O	F DEATH		02327
1. DECEASED-1 (Type or p		Middle	Last CONWA		DATE OF DEATH Month FEB	27 1969 2b. HOU
3. SEX	MALE	4. RACE NEGRO	S. DATE OF	F BIRTH	6. AGE (In years	IF UNDER 1 YEAR IE UNDER 24 HI MONTHS OAYS HOURS M
76. BIRTHPLA country) MARY 10. CITY OR T	CE (State or foreign T.AND TOWN OF DEATH	7b. CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL OR INS	8. MARRIED NEVER A	WARRIED 9. CC	DORCHEST CUPATION (Kind of work don	ER 12b. KIND OF BUSINESS OR
13o. USUAL R	IBRIDGE ESIDENCE (Where deceas STATE LRYIAND	give street address) CAMBRIDGE M ed lived, if institution: Residence before 13b. COUNTY DORCHESTER	ARYLAND HOS 13c. CITY OR TOWN RHODESDALE	13d. INSIDE CITY LIMITS?	Working Life, even if retired BORER 13e. STREET AND NUMBER RURAL	INDUSTRY LABORER
14. FATHER'S	NAME First JOHN CEASED EVER IN U.S. ARM	Middle Lost DANTEL HENR	IS. MOTHER'S Y IO. 17. INFORMANT	MARTHA	Middle	CONWAY LRYTAND
Candition rise to it storing lost.	ans, if any, which gave immediate cause (a), the underlying cause	y one couse per line for (a), (b), and (c). BY: Myocardial DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM		TION GIVEN IN PART 1(a)	APPROXIMATE INTERVAL BETWEEN CHSET AND DEATH
2		CONDITION FOR WHICH OPERATION WAS PER	YES	terest terms	CAUSES OF DEATH?	S CONSIDERED IN CERTIFYING
Sign (If eithe	CIDENT WAS UNDERLYING CAUSE OF DEATH NTRIBUTING CAUSE OF DEATH NT, notify medical exomin	H HOUR A.M. Month Doy Year per) P.M. 19			re of injury in Part 1 or Part	2, Item 18.)
While	Nat while	PLACE OF INJURY (AT HOME, FARM, STREET, EAC OEEICE BUILDING, ETC. s hospital) ottended the decease ive an Feb. 27.	d fram Feb. 100 ody ofter death.		to FOD. 27, deoth accurred on the	County State 19 <u>69</u> , that (I) (we) I dote and hour and fram t
22b. SIG	NATURE VSICIAN'S ME (Type) EDW 1	Sauce	DEGREE PHYS.	IDING MED.	22	March 3, 1969
23a. BURIAL,	II ICan McA		EMETERY OR CREMATORY BURG CEMETE	(23d	I. LOCATION (City or Town)	(County) (State)



Health prior to buriol, cremation, or removol, and in any event within 72 hours ofter death.

VR A15ME (5) 10M REV. 1/68

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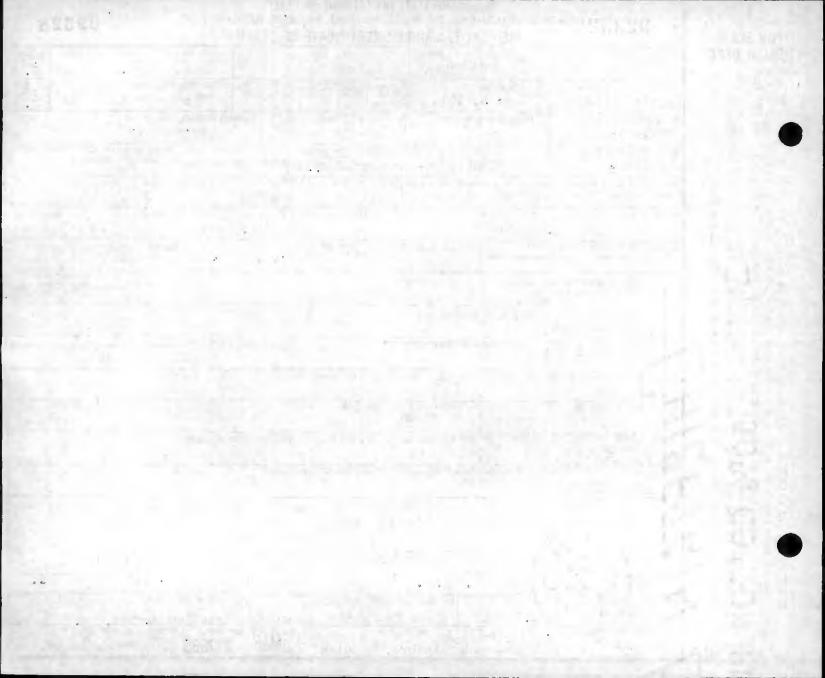
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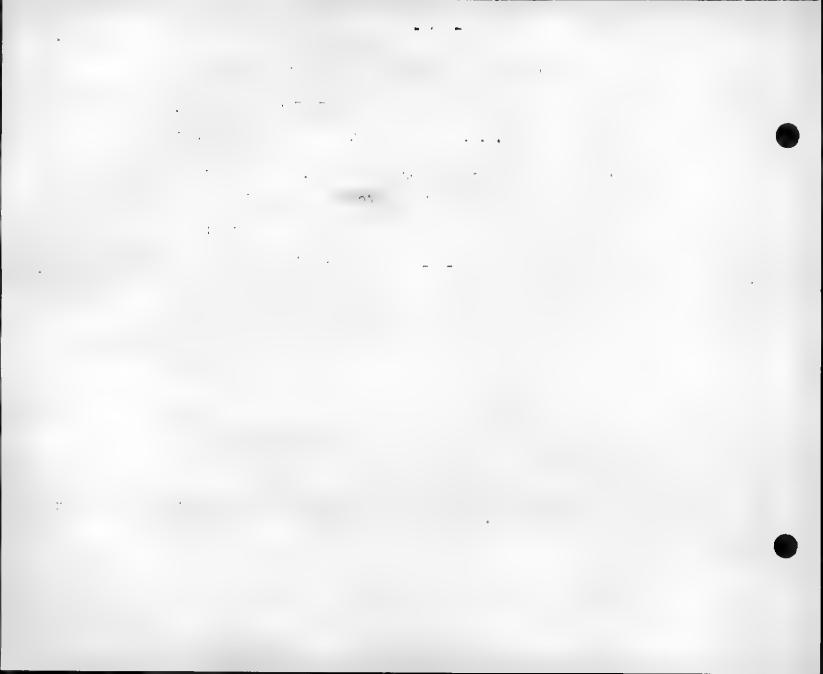
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02328

- 1				MEDIC	WE EVALUE	HAPTE A	CPICALL	PULL	OI DE	~			
		ECEASED-NAME Type or Print)	First ELLA	V	Midd IRGINIA		CONWA	Last Y			20. DATE KNOWN Month OF ESTI- DEATH MATED Feb. 2		25 HOUR P. M
	3. SE	X	4. RACE	S. DATE OF BIR	TH	6. AGE (In yes	ors IF UNC	ER 1 YEAR	IF UNDER 2	24 HRS.	2c. DATE PRONOUNCED DEAD		
		male	Negro		, 1914	last_birthday	RS. MONTHS	OAY\$	HOURS	MIN.	#ebruary Doy 23	Year 169	8:49UR P. M
	70. E	BIRTHPLACE (Stot	e or foreign 7	. CITIZEN OF WH	AT COUNTRY?	8.	MARRIED	NEVER MA	RRIED	9. COL	INTY OF DEATH		
	count	Maryla	nd	USA			VIDOWED 🔀		RCED		Dorchester		Md
3		ny or town o ambridg			AME OF HOSPITAL						CUPATION (Kind of wark dane warking life, even if retired.)	NDUSTRY Home	INESS OR
9	13o.	USUAL RESIDEN	CE (Where decease yland	d lived, if institution 13b. COUNTY-C	tion: Residence	before 13c. (iny or tow urlock	N 13	d. INSIDE CITY L		13e. STREET AND NUMBER		
,	14, F	ATHER'S NAME	First	Middle		Last	1S. MO1	HER'S MAI	DEN NAME	First	Middle	Lost	
			John H.	Cephas					Mary	S.	Ross		
	16a. \ (Y	WAS DECEASED EVER TO OF UNKNOWN	VER IN U.S. ARMED FO Writ (If yes give w	RCES? er or dates of service)	16b. SOCIAL SECT		Hilt	on C	ephas	, Hu	rlock, Maryland		
		18. CAUSE OF PART I. I	F DEATH (Enter only DEATH WAS CAUSED		ine far (a), (b), a	ind (c).)	clusi	on				APPROXIMATE BETWEEN ONSET	
		PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a) Coronary occlusion 410 9 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove)											
		rise to immediate cause (a). Stating the underlying cause ONE TO, OR AS A CONSEQUENCE OF											
		last.	,	(c)							7.2-1.		
		PART 2. OTHER	SIGNIFICANT CONDIT	IONS CONTRIBUTI	ING TO DEATH BI	UT NOT RELAT	TED TO THE T	ERMINAL D	ISEASE OR C	ONDITIO	ON GIVEN IN PART I(o)		
	NOL	19a. DATE OF C	PERATION		19b. CONDITION	FOR WHICH	OPERATION					20. AUTOPSY	7
2	CERTIFICATION	Tru. DATE OF	or common		WAS PERFO		OT ERATION					YES 🗆	NO <u>₹</u>
	MEDICAL CER	21a. EXTERNAL PRIMARY C CAUSE OF DEAT	R CONTRIBUTING			ay, Year 19	21c. HOW	INJURY OC	CURRED (En	ter natu	re of injury in Part 1 ar Part 2, Iter	n 1B.)	
-	MED	21d. INJURY OC	CURRED 21e. PI	ACE OF INJURY (, ory, affice buildin	At home, form, s	treet,	21f. LOCAT	ION Street	or R.F.D. No.		City or Town	County	State
	-		certify that I ta	ak charge of t	ha ramaine de	ccribad ab	ava halde	n Auto	new [TT]	lov	spection X, Inquiry	and in m	v aninian
			esulted fram										y opinion
3		ACTUAL	(,	222	(2	CHI	EF MEDICAL	EXAMIN			
		SIGNATURE_	fo	Tone	127	- Ce		m.U.	ISTANT MEDICA		- 0/01	IGNED 5/69	
2		EXAMINER'S NAME (Type)	John	Mace J	r. M.D	. /				, city, ta	wn, or county) Cambr	idge, M	Ad.
	230.	BURIAL, CREMA	(dec)	DATE 1r.1,196		ME OF CEMET			emeter		tocation (City or Town) East New Market		tate)
		FUNERAL DIRECT	OR Henry	Prampt	car It.	ADDRESS			250. REC'E	BY RE	GISTRAR 2Sb. REGISTRAR'S SI	GNATURE	
K	Fi	ramptom	Funeral	Home F	ederals	bure.	Maryl	and	DATEMA	R	3 1969 Jaliani	lay Judge	e.

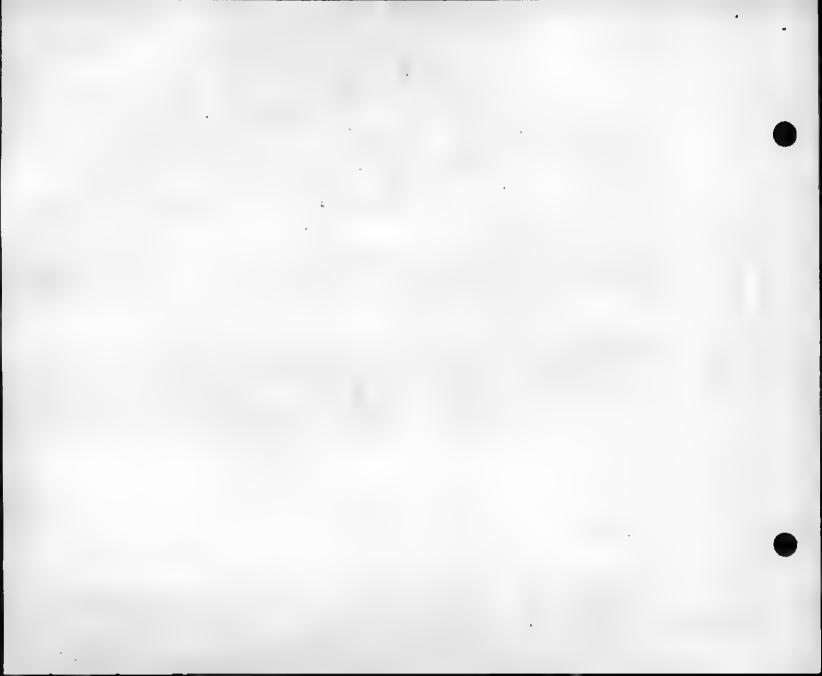




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1	82	334	DIAISION O	F VITAL RECORDS,		ICATE OF D		NUKE, MAI	CTLAND 21:	201	023	30
eath.	DECEASED-NA (Type or pri			Middle Goldsboro		lost Corni		20. DATE OF	DEATH Month Feb	Doy 224	19 69	25. HOUR P
3.	SEX	.1	4. RACE	2.7		S. DATE OF BIRT		0.5	6. AGE (In yes	urs (IF UNDER 1 YEAR	HOURS MIK.
70	BIRTHPLACE	ale (Stote or foreign		Negro WHAT COUNTRY?		D NEVER MARR	rut 1	COUNTY OF	/ 3	YRS.		
Durial, Gremation, ar remayal, and in any event, within 72 neurs after dearm.	CITY OR TO	aryland WN OF DEATH amsburg, l	11	SA NAME OF HOSPITAL OR IN: e street oddress) t. Mary's R	widowe stitution(i est H	f not in hospital	12o. USUAL	OCCUPATION	(Kind of work ife, even if re	done	12b. KIND OF BUILDUSTRY	Md. USINESS OR
61	Bo USUAL RES dmission) ST	IDENCE (Where deced ATE Maryland	فيقتسد أحرامينا أاتمم	ution Residence before Dorchester	13c. CITY	OR TOWN 13	a. INSIDE CITY LIMIT YES NO S	15? 13e ST	REET AND NUM	BER		
1	4 FATHERS N	AME First Nelson	Middle	losi Cornish		15. MOTHER'S MAIL			Mi oleman	ddle		Last
ī	60. WAS DECE Yes, no or u	ASED EVER IN ILS AR		16b. SOCIAL SECURITY I	NO 17	INFORMANT Mrs. Mar			Ado	dress	Maryland	d
	PAR'	P. L. DCATIL Skike Chile	ED BY: PATE CAUSE (o) DUE TO, OF	AS A CONSEQUENCE OF	79 1		Vae	ci r		* 6		LTE INTERVAL LT AND DEATH
	rise to im stating the lost	mediate couse (o), re underlying couse	DUE TO, OR	AS A CONSEQUENCE OF LAND LINE TO DEATH BUT NO	de m	TO THE TERMINAL I	DISEASE OR COM	1	N IN PART 1(a)		7 30.7	2
				Jan to 3 1 2 WHICH OPERATION WAS PE		200 AUTOPS	Y?		YES, WERE FINI OF DEATH?	DINGS CO	NSIDERED IN CER	TIFYING
	S ☐ OR CONT	DENT WAS UNDERLYI RBUTING ☐ CAUSE OF OE notify medical exam	iner) HOUR A.W	L. Month Doy Yeor	,	HOW INJURY OCCUI		ecture of injur	y in Port 1 or	Port 2, II	em 18)	
	Whate at work	ot work		(AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC		,		,	or Town		County	Stote
	220. 1 c	ertify that (I) (I w the deceased uses stated abov	nlive on	tended the decease) (did not) view the	9 a	nd that in (my)	19 (our) apini	, to/ an death a	ccurred on	, 19_ the dot	, that (e and haur at	l) (we) lost ad from the
	226. SIGN 22d. PHY	SCIAN'S T	Ot	June J	DE	GREE PHYS.		ECTOR 🗆	STAFF PHYS.	22c., D	ATE SIGNED	
	NAM	E(Type) [a p]		C.II rantu	•	Frag	tin Ja		ne for			
L	REMOVAL	(Specify)	DATE	230 NAME OF Washing		Church Ce	meterv	Hurl	N (City or Tow OCK, D	orch	(County)	(Stote)
$\mathcal{R}_{\mathbf{r}}$	4 FUNERAL D	J. Frampto	on & son		ule.	Md.	SO PRECIDERY I	4 19	39 2Sb 725	TRAB'S	3 Judy	L



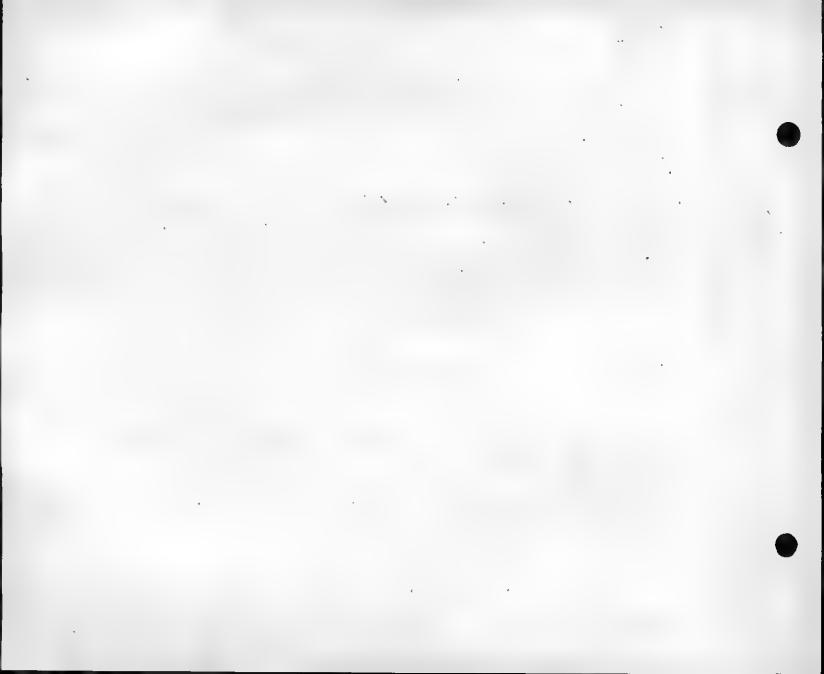
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02335 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20 DATE OF DEATH be executed within 24 haurs after deoth. funeral ond (Type or print) 3 SEX 6 AGE (In years IF UNDER 1 YEAR kian one completely filled in by the lost birth 7o. BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED 🔀 NEVER MARRIED (country) DIVORCED NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12g USLAL OCCLPATION (Kind of work done 12b KIND OF BUSINESS OR during trait of working life, even if retired) event. Anstitution Residence before 13d INSIDE CITY LIM TS? Lost requires that the death certificate Yes, ne ot unknown) (If yes give war or dates at service) Physic α. burial, cremation, or remaval, signed by the attending phy burial-tronsit permit. Then 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Vesculor. Jupari IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Chailb Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the haspital or attending physician. stating the underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been as the 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES [NO. 21o. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY HOUR A.M. OR CONTRIBLTING CAUSE OF DEATH Month Doy Year (If either, notify medical examiner) PM detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No City or Town County State While Not while 220 I certify that (1) (this hospital) attended the deceased from ___/ - / ____, 19__ . to 4/ -7/ 40, 19 should be __19_ sow the deceased alive on _, and that in (my) (আঁr) opinion death occurred on the date and hour and from the causes stated above (1) (we) (aid) (did not) view the body after death. 226 SIGNATI director, poge 3 should be filed v DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a BURIAL, CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Concord Cemetery Mar. Mear Federalsburg, Maryland 24 FILINERA, DIRECTOR 25g. REC'D BY REG STRAR Framptom Funeral Mome, Federalsburg, Maryland

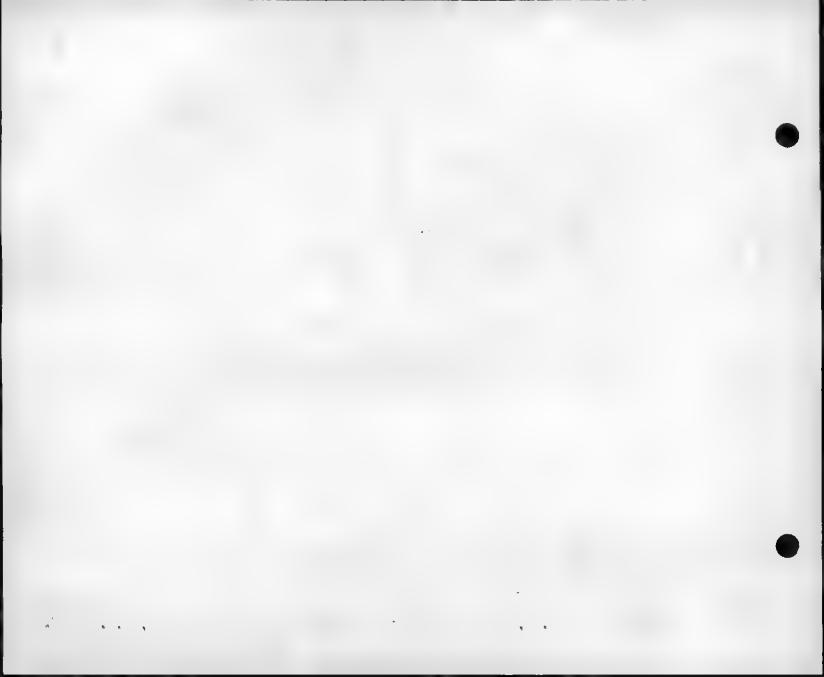


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FOR STATE	17200	* · · ·	MEDIC	AL EXAMIN	ER'S CE	RTIFICAT	TE OF DEATH		0	2332	
HEALTH DEPT.	1 DECEASED NAME	First		M.ddle		Last		2a DATE KNOWN	Month Do	y Yeor	2b HOUR
v 0 0 4	(Type ar Print)	2	arah	E		Dut	ton	OF ESTI- DEATH MATED	0 2/16	1960	
lay is 13 to Page ent af	3 SEX	4. RACE	S DATE OF BIE		GE (in years	IF UNDER 1 YES		2c DATE PRONOU		1,07	
de de la de	F	N		/1903 "	본 feepqoy)	MONTHS CIA	YS HOURS MIN.	Month 2	Doy 16	Year	F
ny delay is 2, and 3 to 2, and 3 to 2, and 3 to 2, and 3 to cartinent af	_		1	/	, 102		W 100 50 50 6 501		33.7	169	11212 N
41 105-27	7a BIRTHPLACE (SI		76 CITIZEN OF WE			RRIED TNEVER		INTY OF DEATH			
fer death Give Pages 1, ang with farm th the Star D	IATS	ryland	Amer				DIVORCED	Dorches		VIA D. OF DISC	Me
Page Hith Story	10. CITY OR TOWN		nive :	AME OF HOSPITAL OR street address)	INSTITUTION	(it not a nosp	during most a	CUPATION (Kind at f warking life_eve	n if ret red) INC		
within 24 haurs after death pericil my Item 18. Give Page anywer s Office along with fe peges 1 and 2 with the State 72 haurs after death.	Rt. #2,	Hurlock,	Md -	,				working life eve		wn Hor	me
s after 18. Gr alone 2 with death.	13a USUAL RES D	ENCE (Where decea	sed aved, if institu	ot an Residence befo	re 13c CITY	OR TOWN	13d. INS DE CITY , MITS?	13e STREET AND			
rs af 18. e ak e ak 2 wı dea	ddializz dill) 213	"Mary Lan		Dorcheste:			YES NO 🕞	Box 1	05 Rt.#	2, Hurl	lock,
haur Item Office Land	14. FATHER'S NAME	First	Middle	los	it	1S. MOTHER'S	MAIDEN NAME First		Middle	Last	
1 S O S		James		Brown			Leve	nia	На с	kett	
hin 24 nages s pages hours	160 WAS DECEASED	EVER IN U.S. ARMED		166 SOCIAL SECURITY	/ NO. 1	7. INFORMANT			DRESS		
within 24 haurs pericil in tem 1 kanyaers Offlice lie pages 1 and 2 72 haurs after 6	(Yes, no, or unkr	(If yes give	war or dates of service)		1	Vorman	Dutton.	Box 16	5 Rt. 2	Hurl	ock
P E			ly one rouse per l	ine far (a), (b), and (<u> </u>			APPROXIMATE	BUSINESS OR HOME AND CORRECT ON THE INTERVAL ONSEE AND DEATH OPSY? NO DE State (State)
uter roal rift.	PART	DEATH WAS CALLED	A DV.			75 050				Instant	
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d b Chiid fran y e	rise ta im m	ediate rause (a).	(b)	AS A CONSEQUENCE	0.0					-	
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sh fa t bur			(c)								
IER: This certificate should be executed within 24 hours after death certificate, writing the word "pending" in pencil in them 18. Give Page auld be farwarded to the Chief Medical Examples is Office along with ses. should be used as a burial-transit permit. File pages 1 and 2 with the Station, or remayal, and in any event within 72 hours after death.	PART 2 OTHE	R SIGNIFICANT CONU	DITIONS CONTRIBUT	ING TO DEATH BUT N	OT RELATED	TO THE TERMIN	AL DISEASE OR CONDITIO	ON GIVEN IN PART I	(a)		
tifica uting ardec d as	NO TO DATE OF	OPERATION		Tips (ONDITION FOR	MUCH ODE	DAT ON				20 AUTOPSY	vo.
cer wra use use	3 190 DATE OF	UPEKATION		19b. CONDITION FOR WAS PERFORME		KATIUN					
INER: This certificate, write should be farwar files. 3 should be used ashould be used anitan, or remava	19a DATE OF	T CALLET WAS	Table 7 Mr. of	12 10 1 1 5 V	To	1 (0)14 1)(1)(0)	/ ACCUPATE OF			YES 🗌	NU 🍱
海 그 은 🗸	PRIMARY	il cause was] o r contributing	236 T ME OF	IN. JRY Manth, Day, Y M.	ear 2	IC MOW INJUR	Y OCCURRED (Enter note	re at injury in Port	I of Part 2, Item	18.)	
KAMINER: te the certific to the certific to 4 should your files. age 3 shou cremotion,	E CAUSE OF DI	ATH	P.	M. 15	-						
He the training and		OCCURRED 21e.	PLACE OF INJURY (ectory, office building	At nome, form, street	, 2	If LOCATION St	reet or R.F.D. No.	City or Town		County	State
CAL EXAMINER: execute the certion. Page 4 should far your files. CTOR: Page 3 should burial, cremation.	AT WORK		ciory, orneo boron	·9, •···)							
DEPUTY SICAL EX CESSARY, please execut e funeral directar. Pag may be retained far y FINERAL DIRECTOR: Pagith priar to burial,	220.	I certify that I	taak chorge of t	he remains descri	bed obove	e, held an A	Autapsy , in:	spection 📆,	Inquiry	and in m	y opinion
TY SICAL E y, please exect ral directar. Pa ne refained far (AL DIRECTOR:) priar to burial,							, Hamicide		ed manner		
please directine retaine DIREC			6				CHIEF MEDICAL EXAMIN	FR			
ag P te d	ACTUAL	aug	. W /	myenne		,M.D.	ASSISTANT MEDICAL EXA		22b. DATE SIG	NED	
ssary, I funeral oy be r NERAL	SIGNATURE		2				DEPUTY MEDICAL EXAM		2/7	17/69	
DEPUTY Stessary, please e e funeral directur may be retained FINERAL DIRECT salth priar to bu	EXAMINER NAME (Typ		R. Mars	anov, M.	D.		ADDRESS(Street, city to		10 Race		22/12
Lo DEPUTY Lecessary, the funera 5 may be ro FINERA Health pr	23g BURIAL CRE	WATION, 23b	DATE			OR CREMATOR		LOCATION (City o	Amp. Idea	Sulty) Mail (S	iole)
-	23a BURIAL, CREA REMOVAL (S ₁	peçify)	/20/69			Cem.			n. Larv		,
ħ	24 FUNERAL DIR	CTOP .	/-		ORESS	O Citta	25a RECD BY RE		REGISTRAR S SIG		
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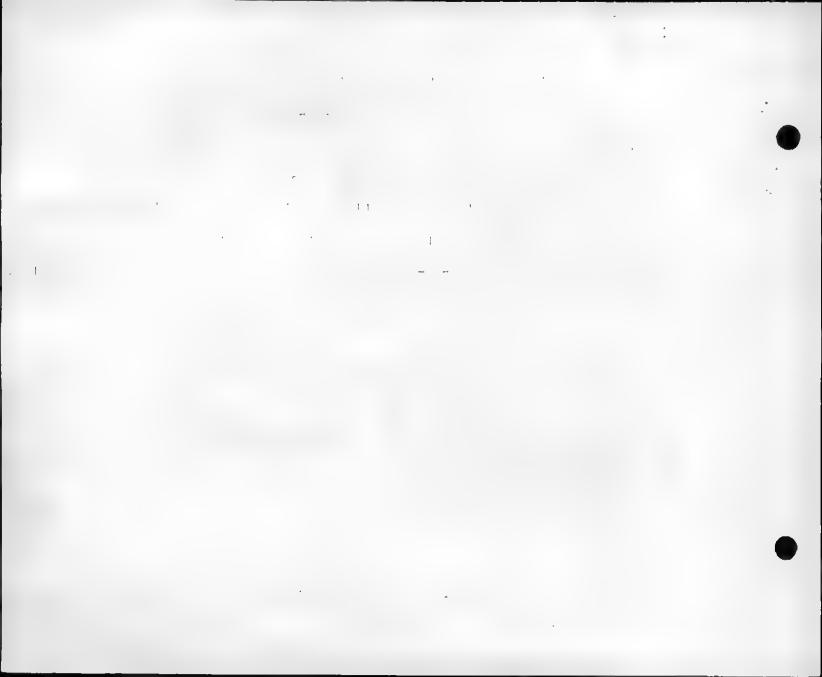
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02333 CERTIFICATE OF DEATH 1. DECEASED NAME Middle Lost 2a. DATE OF DEATH 25 HOUR within 24 hours after death puo (Type or pr.nt) 6 AGE (lost builday) 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🔀 NEVER MARRIED 🗆 WIDOWED [DIVORCED 12b KIND OF BUSINESS INDUSTRY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION EXIND of work done during prost of warking life, even if retired.) SUAL RESIDENCE Where deceased lived, f unstitution: Residence before 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER executed pleose remove YES remayal, and in ony Middle Last IS. MOTHER'S MAIDEN NAME First gud M-ddle Last OFE PHYSICIAN: The law requires that the death certificate Yes, locar unknown) (If yes give wes of states of sen (If yes give was at dates of service) 18. CAUSE OF DEATH (Enter only one cause per ine for (a) (b), and (c))
PART I. DEATH WAS CAUSED BY Trann -trons t permit. E 32 MM Conceptive IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF TURE ה ווחים וחסר ימשקיות פס Canditions, if any, which gave 75 779 OFUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the burial-trans? rse to immediate cause (a), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) of Health prior to 19a, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES | NO 🔼 by the hospital or 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Not while at work 220. I certify that (1) (this haspital) attended the deceased from sow the deceased alive on 19 , and that in (my) _, to_- • ± (/ O × , 19 ___, and that in (my) (bur) apinian death occurred on the date and haur and from the Page 4 moy be retained causes stoted above, (1) (we) folia) (did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED STAFF 17/50 director, page should be filed DEGREE 64666666 DIRECTOR PHYS 22d. PHYSICIAN S 22e ADDRESS Prestan 23a BURIAL, CREMATION, 23b DATE NAME OF CEMETERY OR CREMATORY (Stote) (County) MEMOVAL (Specify) REG STRAR S SIGNATURE 1 Currelly







MARYLAND STATE DEPARTMENT OF HEALTH 82340 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02336 CERTIFICATE OF DEATH Items5%6 FilmGL09 2/10/69 kk DECEASED NAME Middle 2a. DATE OF DEATH 26. HOUR 24 haurs after death (Type or print) Month ELSLE GODWIN PEARL FERRUARY 3. SEX 6 AGE (In years IF UNDER I YEAR 189h physician and completely filled in by the last birthdoy) MONTHS HOLES. WHITE EMALE 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (country) WIDOWED [DIVORCED [MARYLAND. DORCHESTER 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done w.thin 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired) EASTE RN SHORE STA TEHORE HOUSEWLEE CAMBRIDGE event, 13a USUAL RES DENCE (Where deceased tryed, if institution. Residence before 13c CITY OR TOWN 3d MSiDE CITY L M TSP 13e STREET AND NUMBER 186 COUNTY requires that the death certificate be execut, SALISBURY ELIZABETH STREET WICOMICO I, and in any 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle MARY JANE SMULLINGS JENKINS LEM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or dates of service) Yes, na, or unknown) 219-05-8390 RECORDS OF THE EASTERN SHORE STATE HOSPITAL 18. CAUSE OF DEATH (Enfer on y one cause per me for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CALSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave t burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF signed by stating the underlying cause GENTRALIZED FRIQSCLEROSYS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ro FUNERAL DIRECTOR: After this certificate has been 190, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? od far use af Health p YES be retained by the haspital ar 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT NOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No 21d. INJURY OCCURRED City or Town County State While Not while at work 22a. I certify that (1) (this hospital) attended the deceased from 8-26-, 1952, to 2-3-, 1969, that (1) (we) last saw the deceased alive on 2-3-, 1969, and that in (my) (aur) opinion death occurred an the dote and hour and from the causes stated above, (11) (we) (did) (did nat) view the body ofter death. 22h SIGNA NER 22c. DATE SIGNED ATTENDING directar, page 3 shauld be filed DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) EASTERN SHORE STATE HOSPITAL LEA NDRO AREM M.D. 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION 23d LOCATION (City or Town) (County) (State) -6-1969 Parsons Cemetery PETER 6 1969 256 REG STRAR SESIGNATURE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02337 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20 DATE KNOWN DEPT. 1. DECEASED NAME First Middle lost Month Doy Yeor (Type or Print) ESTI-FLOYD LUFF HENDY Feb. 196 Page DEATH MATED partment of delay and 3 t IF UNDER I YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (in years 2d HOUR PM3 Male Negro Oct. 1,1899 February Don 27 AM YRS 70 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED B. Give Pages 1, with farm country Maryland USA Dorchester WIDOWED DIVORCED [and 2 with the State 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street adverse - Maryland Hospitalung most of working life even if retired.) Cambridge Truckin glong 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER East New Market NOK odmission) STATE aryland 13b CODNEYrchester R.F.D. #1 This certificate shauld be executed within 24 haurs Office offer 14. FATHER S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME Middle John Henry Susan Thompson ⊑ haurs pages farwarded to the Chief Medical Examiner in pencil i 160. WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** 165. SOCIAL SECURITY NO 17 INFORMANT Mrs. Bertha Dockins, East New Market, Md. (Yes, eq. or unknown) 212-14-4088 E APPROX MATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND GEATH "pending" PART I. DEATH WAS CAUSED BY-Mins. IMMEDIATE CAUSE (0) Coronary occlusion event DUE TO, OR AS A CONSEQUENCE OF **burial-transit** Conditions, if only, which gove rise to immediate couse (a), necessary, please execute the certificate, writing the ward any DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse ⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O 80 ar remayal, CERTIFICATION 190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗀 NO JK Se. shauld be 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) 21o EXTERNAL CAUSE WAS 2. b. TIME OF NIURY Month, Doy, Year 3 should **EDICAL** PRIMARY OR CONTRIBUTING HOUR A.M crematian, CAUSE OF DEATH P.M 21d, INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE T burial, 22a. I certify that I took charge of the remains described above, held an Autopsy [7], Inspection X. Inquiry and in my apinion Natural causes X , Accident , Suicide . retained Undetermined manner death resulted fram: Hamicide CHIEF MEDICAL EXAMINER ACTUAL ASS STANT MEDICAL EXAMINER the funeral SIGNATURE may be O DEPUTY DEPUTY MED CAL EXAMINER 🔼 EXAMINER'S 5 may FO FUNE Health John race or. M.D. ADDRESS(Street, city, town, or county) Cambrid. . . NAME (Type 230 BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Mar. 1, 1969 Thompsontown Cemetery Near East New Market. Md. **ADDRESS** 2So REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Framptom Fr DATE Wederalsburg, Maryland



Home, rederalsburg, Laryland DAIFEB

krows transfour A. ADDRESS

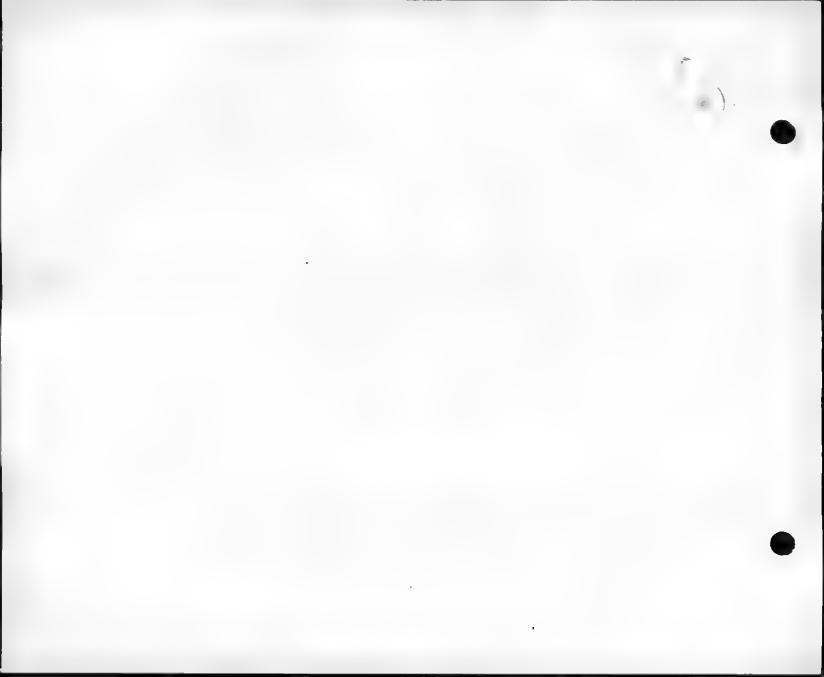
24 FUNERAL DIRECTOR

Framptom Funeral

2Sb. REGISTRAR'S SIGNATURE

Wilsonla, Occolor

2Sa. REC'D BY REGISTRAR



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the fund director, page 3 should be detached for use as the burial-transit permit. Then please female carbon papers. Pages 1 a should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours aftered. Page 4 may be retained by the haspital or ottending physician.

VIII A15 45M - 1.

\$2343 DIVISION OF VITAL RE

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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	DECEASED-NAME Firs (Type or print) HER	MAN LAKE	Middle HOLLAN	Last D	20	DATE OF DEATH	onth 22 Day	1969"	2b. HOUR
3 :	Male	4 RACE Whi	te	S. DATE OF E	19, 1881	6. AG	E (In years buthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
70 coi	BIRTHPLACE (State or foreign intry) Maryland	76 CITIZEN OF WHAT CO	JYLA)	RRIED NEVER MA	KKIEU	ounty of DEATH			Md.
	Cambridge	give street o	HOSPITAL OR INSTITUTION ddress) D No. 2	N (If not in haspital	120 USUAL OC during most o	CUPATION (Kind f working I fe en	of wark dane en fretired) tired	126 KIND OF INDLSTRY Sal	BLSINESS OR
odr	LISUAL RESIDENCE (Where decedensisman) STATE Maryland	nsed lived, if institution Red 13b. COUNTY Dorch	iester Car	nbridge	YES NO K		No. 2		
	FATHER'S NAME First Willia		Lland		AIDEN NAME First Anna	?	M ddle Staplef	ort	Last
	Yes, no or unknown) (If yes give	MED FORCES? was or dotes of service)	OCIAL SECURITY NO.	I7. INFORMANT LeCompte	Funeral	Service	Address record		MATE INTERVAL
	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CO	ED BY: IATE CAUSE (o) DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c)	ONSEQUENCE OF ONSEQUENCE OF	polera TED TO THE TERMINI	Tangles	TION G VEN IN PA	Y log	BETWEEN O	MISET AND DEATH
CERTIFICATION	196. DATE OF OPERATION 196	. CONDITION FOR WHICH OP	ERATION WAS PERFORME	D 20a AUTO		206. IF YES, W CAUSES OF DE		ONS DERED IN CE	ERTIFYING
MEDICAL CEI	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. Mor liner) P.M	th Day Year	21c. HÓW INJURY ÓC				tem 8)	
*	While Not while at work of work	PLACE OF INJURY (AT HON OFFICE				City or Tow		County	State
	22a I certify that (I) (t) saw the deceased c causes stated abov	his haspital) attended alive an	6 7/ 1960 7	, and that in (a	y) (our) apın i an	, ta <u>f de 1</u> 1 death accurr	ed an the da	te and haur	(I) (we) last and from the
	22b SIGNATURE // 21.1/1/ 27d. PHYSICIAN'S / NAME (Type)	Deorus L. Thorle	boon	DEGREE PHYS. 22e ADJ	ZI- DIRECT	OR STAF		DATE SIGNED	
L	Buy Exp (ST fy) Fe	DATE b 24, 1969	25c NAME OF CEMETER Mt. Holly	Memorial	Cem. R	LOCATION (City	or Town) ambridg	e, Mary	land
24]	Funeral DIRECTOR Funera	al Service,	Cambridge,	Maryland	250 FEB BY, REC	7 1969 25	b. REGISTRARS	SIGNATURE	ac.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02344 CERTIFICATE OF DEATH 02340 DECEASED-NAME First Middle lost 20 DATE OF DEATH 25. HOUR (Type or print) Month 27 Doy 69 Year ALICE VICTORIA HOLLOWAY FEB. 3. SEX 4. RACE 5. DATE OF BIRTH 12-18-05 6. AGE (In years IF UNDER 1 YEAR IF HINDER 24 HRS NEGRO FEMALE HOURS gecuted within 24 hours 7b CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) tampletely filled in MARYLAND U.S.A. WIDOWED X within 72 DIVORCED [DORCHESTER 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR EASTERN SHORE STATE HOSP. please remove carban ng most of working life, even if retired) INDUSTRY CAMBRIDGE 130 USUAL RESIDENCE (Where deceased in ed. if institution. Residence before 3d INSION CITY , MITS? 13e STREET AND NUMBER WICOMICO YES X 504 TANGLER STREET SALISBURY IN GNY 14. FATHER'S NAME First Middle Last 15 MOTHER'S MA DEN NAME First Middle Last physkion and GEORGE LEGNARD GERTRUDE UNKNOWN requires that the death certificate be Gn 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) (If yes give wor or dates of service) 217-03-20520 HOSPITAL RECORDS APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART : DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) HEART FAILURE burial-transit permit. 5 crematian, YPERTENSIVE CARDISUASCULAR DISTASE Conditions, if any which gove) rise to immediate couse (a). signed by AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) NEUMONIA O FUNERAL DIRECTOR: After this certificate has been as the 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? use Health (210 ACCIDENT WAS UNDERLYING 21b TIME OF INILIRY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) TO! OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) director, page 3 shavid be aeracne should be filed with the State Dept. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town Stote County While Not while of work Page 4 may be retained (wa) (did) (did net) view the bady after death. causes stated abave, (1) 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE PHYS PHYS 22e. ADDRESS BURIA CREMATION OF CEMETERY OR CREMATORY (County) (Stote) REC D BY REG STRAR VCL

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 82345 CERTIFICATE OF DEATH DECEASED NAME First Middle Last 2g. DATE OF DEATH 26 HOUR requires that the death certificate be executed within 24 hours after death (Type ar print) REBECCA MARIE HURLEY 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IE UNDER 24 HRS last birthday) Female White HOURS June 28, 19398 MONTHS physician and completely filled in by t 70. 8IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [] NEVER MARRIED popers. country) Maryland Dorchester USA WIDOWED [DIVORCED [7] wethin 72 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR Gambridge Md. Hospital duting most of working life, even if retired)
Housewife please remove corbon Cambridge Home 13a USUAL RES DENCE (Where deceased fived, if institution Residence before 13c, CITY OR TOWN 13d INSIDE CITY , MITS? 13e STREET AND NUMBER admission) STATEMaryland 13b. COUNT Dorchester YES X Main Street Hurlock 14. FATHER'S NAME First M.ddle Lost 15 MOTHER 5 MAIDEN NAME First M-ddle Lost Edward Elliott Nettie Travers 16b SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address ermit Then ple on, or removol, c Yes on or unknown) LeCompte Funeral Service records 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinomatosis Conditions, if any, which gave) willy differentiated burial-tronsit rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT TO FUNERAL DIRECTOR: After this certificate has been as the L9b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES I be detached far use State Dept. of Health 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street of R.F.D. No. Gty or Tawn County State While Not while at work be retained should 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR director, page 3 should be filed v Poge 4 moy 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BLRIAL, CREMATION, (County) MANA (Society) Dorchester Memorial Park Cambridge, Maryland 24. FUNERA. DIRECTOR

LeCompte Funeral Service, Cambridge, Maryland 25g RECD BY REG.STRAR 24. FUNERA, DIRECTOR 25b. REGISTRAR'S SIGNATURE

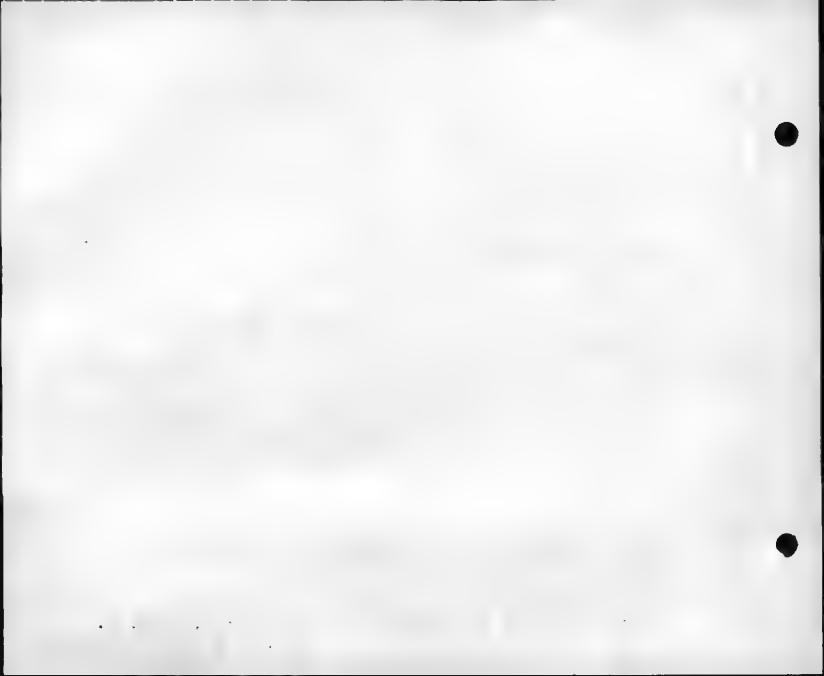
William En Judge





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MARYLAND STATE DEPARTMENT OF HEALTH 02346 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02342 CERTIFICATE OF DEATH 1 DECEASED NAME First Middle Last 20 DATE OF DEATH 2b. HOUR (Type or print) Month Doy 3 SEX 6 AGE (In years OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after IF UNDER A YEAR lost birthday) signed by the attending physician and campletely filled in by burial-transit permit. Then please remove carbon papers. 7a. BIRTHPLACE (State or fareign 7b. CIT.ZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🔂 NEVER MARRIED please remave carban papers. WIDOWED T DIVORCED 11 NAME OF HOSP TAL OR INSTITUTION (If not in hasnital during most of working life, even if retired) INDUSTRY House wide 13a USUAL RESIDENCE (Where deceased lived if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY JM TS? 3e. STREET AND NUMBER YES NOT and in any 14 FATHER'S NAME M.ddle IS MOTHER'S MAIDEN NAME First M.ddle 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, (ra,)or unknown) I flyes give war or dates of service) 18. CAUSE OF DEATH (Enter any one cause per the far (a), (b), and (c)) PART I. DEATH WAS CAUSED BY Bruncho preumones IMMEDIATE CAUSE (o) 410K ok DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) burial, cremat burial-transit (zchex/2 rise to immediate cause (a). DUE TO OR AS A CONSEQUENCE OF stating the underlying cause mertesive Actorioslerdie Cardionascular dis PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE OR CONDITION GIVEN IN PART 1(d) use as the latth of the prior to to Page 4 may be retained by the hospital ar attending IO FUNERAL DIRECTOR: After this certificate has been 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? of Health ; YES 🖂 NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, SIREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at work causes stated abave, (1) (we) (did) (did nat) view the bady after death. 27b. SIGNATURE 22r DATE SIGNED ATTENDING MED. director, page should be filed PHYS D RECTOR 22d. PHYSICIAN S 22e ADDRESS NAME (Type) 23a BUR AL, CREMATION. 23h DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) BURIAL (Specify) Spring Hill Easton, Talbet, Md. **ADDRESS** VR A15 DATE





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02342 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH death. 2b. HOUR OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death nd completely filled in by the funeral enfore carbon papers. Pages 1 and (Type or print) Month Year ETHEL MAY ANGENBERG FEBRUARY 969 3 SEX 5 DATE OF BIRTH 6 AGE (In years IF UNDER 3 YEAR F JNDER 24 HRS last birthday) MONTHS HOURS FEMALE WHITE 70 BIRTHP ACE (State or fareign 7b. OTIZEN OF WHAT COUNTRY? 8. MARRIED 🔀 NEVER MARRIED 🗌 9 COUNTY OF DEATH والدورية والمراجع WIDOWED | DIVORCED | USA DORCHESTER 10. CITY OR TOWN OF DEATH 11. NAME OF HOSP TAL OR INSTITUTION (If not in hasp-tal 12g JSJAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of work no life, even if retired) × INDUSTRY CAMBRIDGE EASTERN SHORE Housewife own home 13a USUAL RESIDENCE (Where deceased lived of institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY 805 PARKWAY AVE ond ingny First Middle Last 15. MOTHER'S MAIDEN NAME First Last William J. Russell Fmma S. Dickerson the ottending physicion sit permit. Then please 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) SHORE STATE HOSPITAL APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Canditions, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or offending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION SILVEN IN PART 1(6) TO FUNERAL DIRECTOR: After this certificate has been use os the 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES | be detached for use State Dept. of Health 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Parl 1 or Parl 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City of Town State County While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram 01-03-, 1969, ta 02-03-, 1969, that (I) (we) last saw the deceased alive an 02-03-, 1969, and that in (my) (aur) apinian death accurred an the date and haur and fram the 3 should causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS FELIPE 55/4 NAME (Type) 23a BUR A., CREMATION 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Burral (Specify) 2/6/1969 Parsons Cemetery CO. 24 FUNERAL DIRECTOR ADDRESS A15 HILL FUNCARL HOLE SALISBLRY DATE



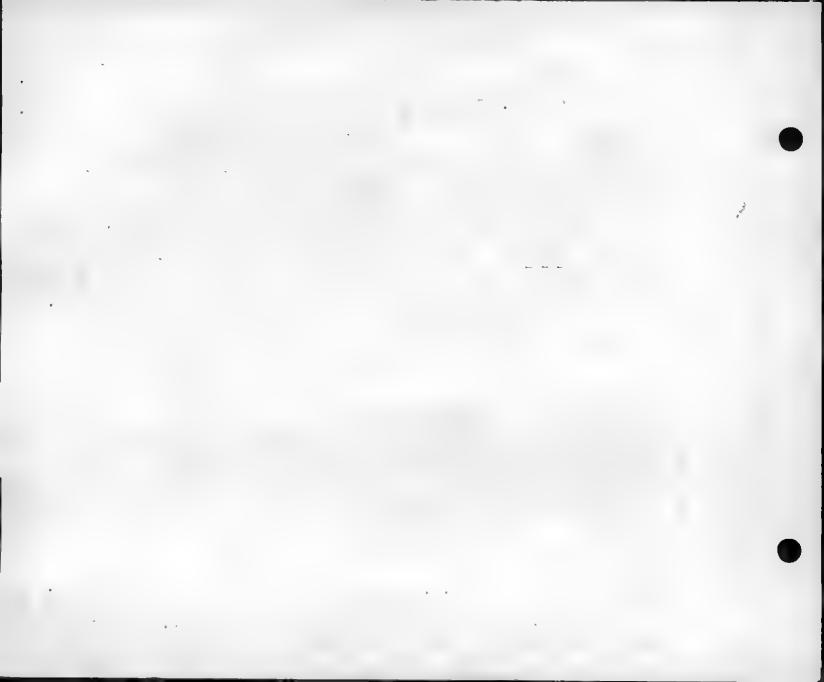
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02349 02345 CERTIFICATE OF DEATH E. DECEASED-NAME Middle Lost First 2o. DATE OF DEATH 2b HOUR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death OTTILEE (Type or print) PRITCHETT LANGRALL Month. Feb and campletely filled in by the fun remaye carban papers. Pages 1 thenry event, within 72 haurs after a 3. SEX 4. RACE 5 DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF SINDER 24 MRS White Female Oct. 1, 1839 lost pithdoy) HOURS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED [NEVER MARRIED] 9. COUNTY OF DEATH country) Maryland USA Dorchester WIDOWED K DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Cambridge Md. Hospital Cambridge during most of working life, even if retired.) School 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATEMarvland 13b. COUNTY Dorchester Toddville YES 🖂 NO Y None 14 FATHER'S NAME IS MOTHER'S MAJOEN NAME First First Middle Lost Middle Lost John Pritchett Arietta Langrall 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) LeCompte Funeral Service records burial, crematian, or remayal, APPROXIMATE INTERVAL IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY.
IMMEDIATE (AUSE (o) <u>Goronary embolus</u> BETWEEN ONSET AND DEATH permit. Instant DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) 5 years (b) Coronary heart disease. burial-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse signed l PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) as the l Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19n. DATE OF OPERATION 2Do. AUTOPSY? 206 F YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO (X far use Health 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 90 (If either, notify medical examiner) P.M. shauld be detached State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I **certify** that (I) (these has pared) attended the deceased from 2/6 saw the deceased alive an 2/17 1969, and that in . 19.69 , that (I) (386) last 1969, and that in (my) feer copinion death accurred on the date and hour and fram the with the couses stated above, (1) fact (did) (disposit view the body after death. 22b. SIGNATURE 22c. DATE SIGNED M. D. DEGREE MED. DIRECTOR director, page 3 shauld be filed v 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 610 Race St., Cambridge, Maryland 21613 Alfred R. Maryanov, M. D. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION 23b DATE (County) REMOVAL (Specify) Feb 19 1969 Bishops Head, Maryland St. Thomas Cemetery 24 FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Maryland 250 RECD BY REGISTRAR LeCompte Funeral Service, Cambridge, Maryland DAFE B 2 4 19 2Sb REG STRAR S SIGNATURE



	ı		MARYLAN	D STATE DEPARTMENT OF	HEALTH	
1		AAASA DIVI	SION OF VITAL RECORDS,	301 W. PRESTON STREET, BALL	TIMORE, MARYLAND 21201	2348
		02350		CERTIFICATE OF DEATH		, 10 T G
≠ - <u>7</u> 4		ECEASED NAME First	Middle	Last	20. DATE OF DEATH	Zb. HOUR
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Pag Pag	ļ.	,			YRS.	
4 hour	/ G.		IZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED NEVER MARRIED DIVORCED	Oorchester	Md.
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with with with with with	120	ambridge USUAL RES DENCE (Where deceased liver	Eastern S.	hore State Kasp I 13c (ITY OR TOWN 13d MSIDE CITY	nost of working life, even if retired) Source (Corke	J
The low requires that the death certificate be executed within 24 hours after deoth attending physician. has been signed by the attending physician and completely filled in by the funeral se as the buriol-transit permit. Then alease remove corbon papers. Pages I and it prior to burial, cremation, or reportal and in any event, within 7 thaus after deoth	adm	ission) STATE Md. 136	COUNT Caroline		136 STREET AND NUMBER	
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the table	=			Medical Re	coras Trom Fo.	APPROXIMATE INTERVAL
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equires that the physician. signed by the buriol-transit purial, cremati		stating the underlying cause last.	(c)			
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The low ratending hos been se as the Thyprior to	ATIO		ON FOR WHICH OPERATION WAS PE		206 IF YES, WERE FINDINGS COL	
The se state	CERTIFICATION			YES NO	CAUSES OF DEATH?	
or or eolit			THE OF INJURY	21c HOW INJURY OCCURRED (Ente	er nature of injury in Port 1 or Port 2, Ite	em 18.)
ICIA Sitol S	MEDICAL	OR CONTRIBUTING CALSE OF DEATH (If either, notify medical examiner)	HOUR A.M. Month Day Year P.M			
TO HOSPITAL OR ATTENDING PHYSICIA⊞: The low requires that the death certific Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, page 3 should be detached for use as the burial-transit permit. Then should be filed with the State Dept. of Health prior to burial, cremation, of regional	WE			TORY.) 21f LOCATION Street or R.F.D. No.	City or Town	County State
NG V the Te de		220. I certify that (!) (this has	pital) attended the decease	ed from 12 - 16 196	08 to 2 -11- 190	69 that (I) (we) lost
ed bed bild bild bild bild bild bild bild bil		sow the deceased alive o	n_2-//-	ed from / 3 = / 6 , 192 96 2, ond that in (my) (our) op	inion deoth occurred on the dote	e ond hour ond from the
TIN TO THE		couses stoted obove, (I) (we) (did) (did not) view the	body offer deoth.	V 22. D	AVE CICATO
OR ATTENE be retained birECTOR: A je 3 should ed with the		Faru	k Ozer	DEGREE PHYS	MED. STAFF DIRECTOR PHYS DIRECTOR	ATE SIGNED 69
AL AL O		22d. PHYSICIAN'S	IV MAZ	22e ADDRESS	7 THIS - 1	
SPIT 4 m 4 m 6 m d be		NAME (Type) FAK	IN UZE	K		
TO HOSPITAL OR Page 4 moy be ra O FUNERAL DIRE director, page 3 should be filed w	23a.	BURIA., CREMATION, 23b. DATE		CEMETERY OR CREMATORY	23d LOCAT ON (City or Town)	(County) (State)
57 0 0 10 12 12 12 12 12 12 12 12 12 12 12 12 12				ville Cemetery	Harrington Sus	ssex Del
VR A15 (4)	24	FUNERAL DIRECTOR CONTRACTOR	LTHEREN, YT, ADDRESS	and the first contract	BY REGISTRAR S S	IGNATURE
45M - 1/69	ti	ampion tuneral lo	me Federalsburg	May and DATE FF	R 1 7 1969 Prom	MATERIA SEPERT



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02347 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Yeor (Type or Print) BESSIE OF EST1-LEWIS Feb deloy is and 3 to 0 DEATH MATED the State Department IF JNDER I YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 4 RACE S. DATE OF BIRTH 6 AGE (In years 3. SEX guq MONTHS P.M.3 Female White Feb. 23, 1903 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH form country) Maryland Dorchester "pending" in pencil in Item 18. Give Poges 1 USA WIDOWED XX DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 120 USJAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR Cambridge Maryland Hospital during most of working life, even if retired)
Housewife Cambridge Home olong with dead 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CTY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STAMaryland 13b COUNTY Dorchester Honga None YES NO X This certificate shauld be executed within 24 hours the Chief Medical Exominer's Office 14. FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME Middle 6 E William Riley Lewis Bertha May Dean hours 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. **ADDRESS** (Yes, no. or unknown) LeCompte Funeral Service records (If yes give war or dates of service, File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) permit. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Coronary occlusion hr DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate cause (o). writing the word ony DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 remayal, nsed 20 AUTOPSY? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION CERTIFICAT WAS PERFORMED? pleose execute the certificote, YES 🗔 NO.X þe 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 0 21p. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 3 should 4 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, P.M CAUSE OF DEATH 21e PLACE OF INJURY (At home, form, street, 21d INJURY OCCURRED 21f LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE I 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry [and in my opinion Natural couses X Accident moy be retained death resulted from. Suicide . Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER X Heolth NAME (Type) John Mace Jr. L.D. ADDRESS(Street, city, town or county) Carbridge. 0 230 BURLAL CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 23b DATE (County) (Stote) 1969 Dorchester Memorial Park Cambridge. Maryland LeCompte Funeral Service, Cambridge, Maryland VR A15ME (5) 10M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02348 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH Middle HEALTH DEPT. 1 DECEASED-NAME First Lost 2a, DATE KNOWN Month Year (Type or Print) OF ESTI-02 03 1969 3:35 DEATH MATED EDGAR LEWIS IF UNDER 24 HRS 4. RACE S DATE OF BIRTH 6. AGE (in years 2c DATE PRONOUNCED DEAD 3 SEX ust birthday) Year 02 - 13 - 89MALE WHITE 7a BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH COUNTRY) MARYLAND WIDOWED X U.S.A. DIVORCED [7] DORCHESTER 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a JSUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Office, piong with give street address)
EASTERN SHORE STATE HOSP during most of working life, even if retired) INDUSTRY CAMBRIDGE WATERMAN 3d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN admission) STATE MARYLAND 13b. COUNTY DORCHESTER CAMBRIDGE RACE STREET YES X NO 24 hours Herri ofter IS MOTHER'S MAIDEN NAME 14. FATHER S NAME First Effie DESCRIPTION **XXXXXX** WILLIAM R. Hooper LEWIS hours sagod 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** be executed within pencil (Yes no, or unknown) RECORDS OF EASTERN SHORE STATE HOSP., CAMB.MD 220-16-9547 File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) BETWEEN ONSET AND DEATH 4 should be forwarded to the Chief Medical burial-tronsit permit. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate couse (a). This certificate shauld writing the word DUE TO, OP AS A CONSEQUENCE OF stating the underlying cause .⊆ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 be used 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificote, YES [21c. HOW INJURY OCCURRED (Enter noture of igyury in Part 1 or Port 2, Item 18) 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 3 should WEDICAL PRIMARY OR CONTRIBUTING **EXAMINER:** cremation, CAUSE OF DEATH 2te PLACE OF N.JRY (At home, form street, foctory, office building, etc.) 21d INJURY OCCURRED 211 OCATION Street or R.F.D. County Stote City or Tawn may be retained for your FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK burial, 220 | certify that I tack charge of the remains described above, held an Autapsy ... Inquiry | Inspection . and in my opinion the funerol director. Suicide Accident XI. Hamicide Undetermined monner death resulted from: Notural couses CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNE ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER 🦠 EXAMINES/S 5 may 7 FUNE Health NAME (Typs ADDRESS(Street, city, town, or county) 230 BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d. EOCAT ON (City or Town) (County) (Stote) REMOVAL (Specify)
Burial 969 Park | Cambridge Dorchester Md. Dorchester Mem. VR A 15ME (5) 10M REV 1768



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02349

02353 FOR STATE HEALTH DEPT.

Land 2 with the Stote Deportment of O DEPUTT MEDICAL EXAMINER: 1973 CONTROL OF A STATE OF THE CASTON OF THE CASTON OF THE CASTON OF THE CASTON OF THE FORM OF THE Health prior to burial cremation, or removal, and in any event within 72 hours after death. to Funeral Director; Page 3 should be used as a burial-transit permit. File pages

VR A15ME (5) 6M 1/67

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is

Hern 18. Give Pages 1, 2, and 3 tg.

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	PLACE OF DEATH O. COUNTY		2 USUAL RESIDENCE (Where deceased in	b COUNTY	e before admission)
	Vorchester.	MARYLAND	MARYLAND	DORG	chester
	b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)	C LENGTH OF STAY IN 16	c CITY OR TOWN (M autside carparate li	mits, write RURAL and give	nearest town)
	Cambeidge,	2 ms	VIGNAA		
-	d. NAME OF HOSP TAL OR INSTITUTION (If not in has	pital, give street address)	d. STREET ADDRESS		B IS RESIDENCE ON A FARM?
		PNEPAL			YES NO
-	NAME OF PERST PERST (Type or print)	= 5 Foliv L	Last 4 DATE OF DEATH	Month February	Day Year 69
-	SEX 6 COLOR OR RACE 7 MAR		B DATE OF BIRTH 9 AC	E (In years IF UNDER 1	YEAR FUNDER 24 HRS
	M WEGRO WIDE	OWED DIVORCED	MARCH 4, 1898 "	st birthday) Manths	Days Haurs Min
Oo uri	LSUAL OCCUPATION (Give kind of wark done in mast of working life, even if retiped)	Ob KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign countr		ZEN OF WHAT
	Retiged		MATAWAN N	(. J.	L1.5.A.
5.	FATHER'S NAME	do	14. MOTHER'S MAIDEN NAME	H So 44	
5	WAS DECEASED EVER IN ILS ARMED FORCES?	I 16 SOCIAL SECURITY NO. I 17 I	b/zabej	Address	
Ye	s, no, or unknown) (If yes give war or dates at service	14801-81151	Willie A. Linsday	VIENNA,	Md.
٦	18 CAUSE OF DEATH (Enter only one couse per li				INTERVAL BETWEEN ONSET AND DEATH
1	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) S	econd & Third	degree burns ch	est, neck,	
1		bdomen, face &	both arms.		16day s
1	Conditions, if only, which gave (b) (b)				
1	stoting the underlying couse DUE TO				
1	lost. (c)				
	PART I OTHER SIGN F CANT CONDIT ONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO 1	THE TERM NAL DISEASE CONDITION GIVEN IN	PART I(a)	19 WAS AUTOPSY PERFORMED? YES NO
3	20a. EXTERNAL CAUSE WAS 2	OF DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part I ar Part II o	of item 18)	<u> </u>
5	PRIMARY Tor CONTRIBUTING CAUSE OF DEATH	Fell against s	stove when start	ing fire v	vith
5]	20c TIME OF INJURY Manth, Day, Year	20d INJURY OCCURRED 20e PLAC	CE OF INJURY (Hame, form 20f (Co		kerosens
36		While Not While K Hon	ony street, affice bldg , etc.) Vie	nna. Doro	hester
ł	21. I certify that I took charge of th	e remains described obove, ne	ld on Autopsy, Inspection	💢, Inquiry 💢,	ond in my opinion
	death resulted from: Natural couse	es , Accident Suic	ide 🔲 , Homiciae 🔲 , Unde	termined monner	
	1	0	CHIEF MEDICAL EXAMINER		
1	SIGNATURE SIGNATURE	min h	M.D ASSISTANT MED CAL EXAMINER [22. DATE SIGNED
	EXAMINER'S John Mace	Jr.	DEPUTY MEDICAL EXAMINER Address (Street city, tawn, or to	zunty)	2/18/69
36	BURIAL CREMATION, 23b DATE THEREOF REMOVAL (Specify)	230 NAME OF CEMETERY OR		1 7	(County) (State)
	BUR. 71 2-20-6	9 GREGN ACK		lisbury W	ico, Md.
24	FUNERAL DIRECTOR	ADDRESS DIL	25a. REC'D BY REGISTRAR	25b. REGISTRAR'S SI	
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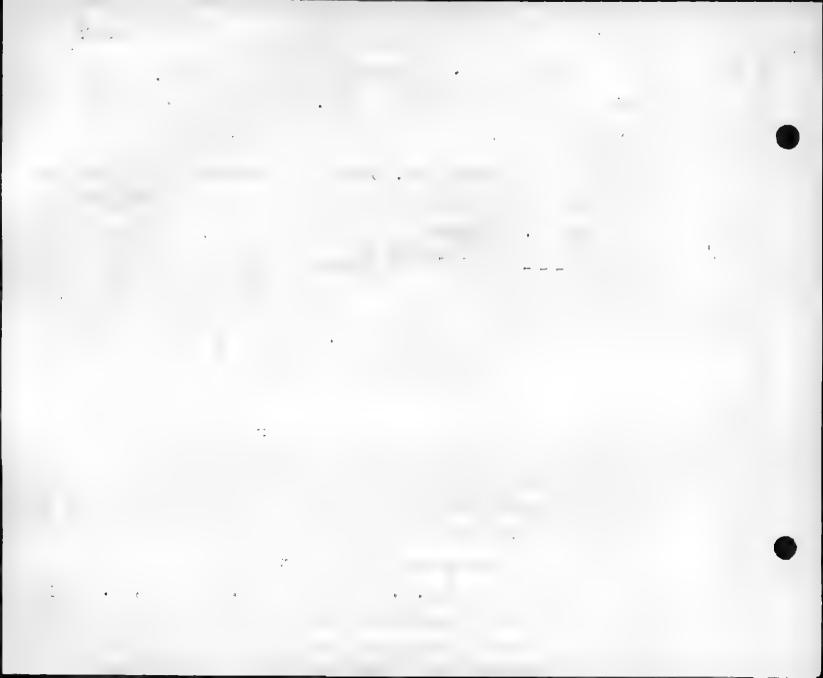
MARYLAND STATE DEPARTMENT OF HEALTH 02354 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH l in sy, the funeral pers Poges I and 2 72 hours after death. 1. DECEASED-NAME First Middle 2g DATE OF DEATH 2b. HOUR requins that the deoth certificate be executed within 24 hours after death Feb. Manth 11 Doy 69 Year (Type or print) Howard Maisch 5. DATE OF BIRTH 6. AGE (In years lost birthagy) YRS Male 4-29-80 70 BIRTHPLACE (State or fore an 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Maryland U.S.A. Dorchester Co. WIDOWED 🔀 DIVORCED the attending physician and completely fuled sit permit. Then please remove caybon page 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 130. USJAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CTY OR TOWN 13d NSIDE CITY UM TS? 13a STREET AND AUGUSTA 12a USUAL OCCUPATION (Kind of work done INDUSTRY I, ond in any event 14, FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Last William Maisch Uppurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Yes, na arunknawn) (If yes give war or dates of service) Regards at ESSH. 216-12-0630A 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c))
PART I. DEATH WAS CAUSED BY: APPROX MATE INTERVA BETWEEN ONSET AND DEATH burial-transit permit. 12.26-69 . IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF 10 Canditions, if any, Which gave) Obstantive 420 hath rise to .mmed ate cause (a), stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) Myocardial infarction Page 4 may be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. If YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? of Health p NO 🗀 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY ACCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) ö OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) director, page 3 should be detache should be filed with the State Dept. 21a. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Not while at work 220. I certify that (I) (this haspital) attended the deceased from 12-26-, 1968, to 02-11-, 1969, that (I) (we) last saw the deceased alive an 02-11-1969, and that in (my) (aur) apinian death occurred on the date and have and from the 3 should causes stated abave, (1) (we) (did) (did not) view the bady ofter death. 22b SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS asTern 23g BURIAL CREMATION. 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) CEMET VR A15 (4) 45M - 1/69

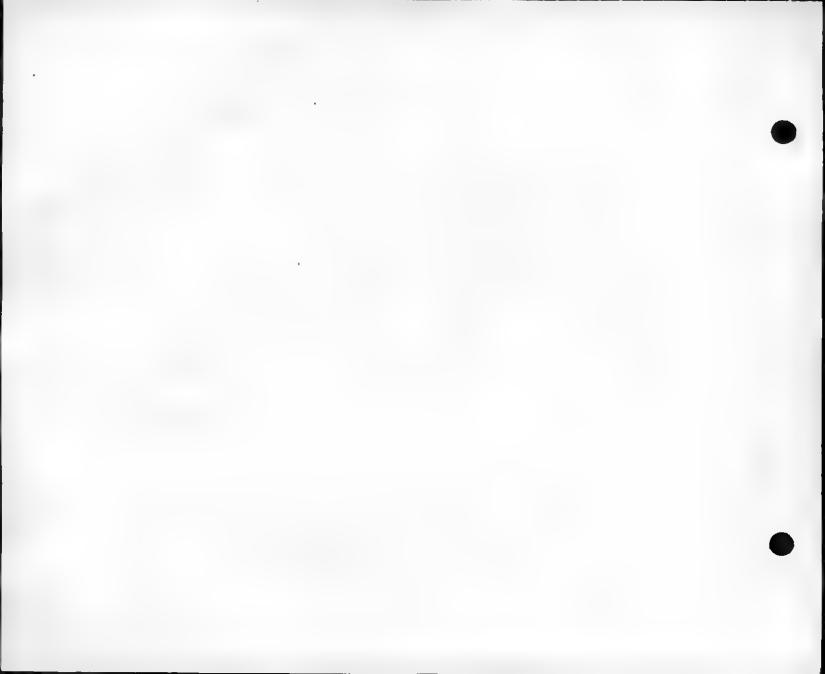


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02351 HEALTH DEPT. I DECEASED-NAME First 20. DATE KNOWNE Month Middle Lost Yeor (Type or Print) OF ESTI-Tda. Mason DEATH MATED State Department JE UNDER 1 YEAR 4 RACE S. DATE OF BIRTH 6 AGE (In years IF JINDER 24 HRS 2c DATE PRONOUNCED DEAD pup Female Negro June 10. 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED TX 9 COUNTY OF DEATH in Item 18. Give Pages 1, country) Virginia USA WIDOWED | DIVORCED [Dorchester 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not so haspital 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address)
Cantrid of the Hospital Laborer Tand 2 with the Cambridge 13a USUAL RESIDENCE (Where deceased fixed, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY Dor. Campridge YESX NO lo33 Camelia Circle 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Unknown Mason Henry 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT pencil e mxmuted within (Yes, no, ocunknown) 22h-hh-7662 Louise Perry 705 High St. Within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH pending" PART I. DEATH WAS CAUSED BY. permit IMMEDIATE CAUSE (6) Terminal oneumonia days DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave (b) Fracture neck left humerus rise to immediate cause (a). writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO X 210 EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21b TIME OF INJURY Manth, Day, Year 3 shauld PRIMARY OR CONTRIBUTING [X] HOUR A.M. cremation, Fell in Home. CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City of Town {ounty State WHILE NOT WHILE AT WORK AT WORK factory, affice building, etc.) 1033 Camelia Circle Cambrodge. dome burial, 22a | certify that I took charge of the remains described above, held on Autopsy ... Inspection X Inquiry [and in my opinion Natural causes Accident & Suicide Homicide death resulted fram-Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 2/18/69 DEPUTY MEDICAL EXAMINER FYAMINPR'S John Mace Jr. N.D. ADDRESS(Street, city, town or county) Cambridge. NAME (Type) 23a BUR AL CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (State) REMOVAL (Specify)
Burial Bethel Cemetery | Cant Cambridge 24 FUNERAL DIRECTOR VR ATSME (5) St. Clair Funeral Est. Canoride



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21200235202356 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR coapletely filled in by the funeral rave carban papers Pages 1 and 2 y event, within 72 hays after death. requires that the death certificate be executed within 24 haurs after death McNAMARA JOHN E. (Type or print) Feb. 5 Doy 1969 ear 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 24 HRS. White Male last birthday) Jan. 23, 1922 MOURS 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED X NEVER MARRIED country) Maryland USA Dorchester DIVORCED [WIDOWED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp tol 12a USUAL OCCUPATION (Kind at work dane 12b KIND OF BUSINESS OR Gambridge Md. Hospital Cambridge during most of work ng life, even if retired) Belt 13a USUAL RESIDENCE (Where deceased lived if institution Residence before 130 STREET AND NUMBER 508 Governors Avenue 3d INSIDE CITY LIMITS? odm ssion) STATE Maryland 13b COUNTYDorchester Cambridge YES X NO remove the attending physician and to isit permit. Then please removestion, ar remayal, and in my i 14. FATHER'S NAME First IS. MOTHER'S MAIDEN NAME First Middle Last Last John McNamara Pritchett Clara 166. SOCIAL SECURITY NO 212 18 6849 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address LeCompte Funeral Service records Yes, no, or unknown) (If yes give war or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) _ Septicemia crematian, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p burial, crematic Conditions, if any, which gave) Hypochromic anemia rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending as the priar to b FUNERAL DIRECTOR: After this certificate has been director, page 3 should be defached for use as the 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🔚 Health g YES 🖂 21g ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year I be detached for State Dept. af H (If either, natify medical examiner) (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY State City or Town County While Not while at work ATTENDING . 19.69 . to 2/5 1969, and that in (my) (aur) apinion death accurred on the date and hour and from the director, page 3 should should be filed with the 22b SIGNATURE 22c DATE 5 GNED MED DIRECTOR Maryani 2/6/69 DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 610 Race St., Cambridge, Md. Lawrence Maryanov, M. D. 23b DATE Feb 7, 23c NAME OF CEMETERY OF CREMATORY
East New Market Cemetery 23a BURIAL, CREMATION East New Market, (Co Maryland) 1969 HYOVAL (Sprafy) 24. FUNERAL DIRECTOR 24. FUNERAL DIRECTOR LECTOR Service, Cambridge, Maryland VR A 5 (4)





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02358 CERTIFICATE OF DEATH DECEASED NAME Middle 20. DATE OF DEATH 26 HOUR (Type or print) SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lost birthday) FUNDER I YEAR MONTHS PHYSICIAN: The law requires that the death certificate be executed within 24 haurs a the ottending physician and completely filled in by si permit. Then please temove carbon papers Pa 70 BIRTHPLACE (State of foreign 7b. CIT ZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED [NEVER MARRIED country) DIVORCED [WIDOWED X 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL DCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working ite, even if retired) Lastern S INDUSTRY none event, 130 USUAL RESIDENCE (Where deceased liver, if institution Residence before 3d INSIDE CITY LAW TS? 13e STREET AND NUMBER odmission) STATE COUNTY 14 FATHERS NAME MOTHER S MAIDEN NAME First Middle Lost Susan and 1 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17, INFORMANT Yes, no or unknown) (" yes give wor or dates of service) or removal, NONE APPROX MATE INTERVAL BETWEEN ONSET AND DEAT 18. CAUSE OF DEATH (Enter only one couse per one for (a), (b), and (c).) PART I DEATH WAS CAUSED BY burial-trons't permit. IMMEDIATE CAUSE (o) burial, cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions if only, which gove) rise to immediate couse (o), signed by Poge 4 may be retained by the hospital or attending physician. DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (6) ■ LUBILIAL DIRECTOR: After this certificate hos been for use as the 190. DATE OF OPERATION 20o AUTOPSY2 20b. IF XES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES | NO 📑 director, page 3 should be detached for use should be filed with the State Dept. of Health 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH Month Dov HOUR A.M. (If either, notify medical examiner) 21d INJURY OCCURRED 21a, PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (I) (this hospital) attended the deceased from 30. N. 8, 19.49, ta Fe b, 19, 19.49, that (I) (we) last saw the deceased alive on Feb. 1969, and that in (my) (aur) apinian death accurred on the date and hour and from the causes-stated above, (1) (we) (aid) (did not) view the bady after death. 22b STGNATUR 22c DATE SIGNED **ATTENDING** STAFF PHYS. DIRECTOR 22d. PHÝSICIAN S 22e. ADDRESS 23b DATE 230 BURIAL CREMATION NAME OF CEMETERY OR CREMATORY VR A15 (4) 45M 1/69



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02355 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH death. Month 16 (Type or print) EDWIN OORE 02 3 SEX 4 RACE 6 AGE (In years lost birthday) IF UNDER 1 YEAR TE SUNDER 24 MRS ZHTHOM MALE 01-19-83 7o. BIRTHPLACE (Stote or foreign 76. CIT.ZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED [] NEVER MARRIED [country) Dorchester DIVORCED | WIDOWED I 11 NAME OF HOSP TAL OR INSTITUTION (if not in hospital 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done give street address)
EASTERN Share during most of working if e eyen if retired) INDUSTRY. CAMBRIDGE 130 USUAL RESIDENCE (Where deceased lived/if institution Residence before 136 STREET AND NUMBER 13d INSIDE CITY JMITS? event requires that the death certificate be executed odmission) STATE icomica remave any 14. FATHER'S NAME Middle Lost S MOTHER'S MAIDEN NAME First Middle physician and Lost S. Moore and in CATherine HOORE. 16b SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes go, or unknown) I yes give war or dates of service) Record APPROXIMATE INSERVAL BETWEEN ONSET AND GEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) PART I DEATH WAS CAUSED BY BROWLHOPKEUMONIA IMMEDIATE CAUSE (o) DUE TO, ORMAS A CONSEQUENCE OF Conditions, if any, which gave) WITH no burial transit rise to immediate couse (a) CEREBIRE LAS AS A CONSEQUÊNCE OF stating the underlying couse ISCHEHIC PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hasp tal ar attending O FUNERAL DIRECTOR: After this certificate has been as the 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO [210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 21b. TIME OF INJURY b OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. detached 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INDIRY OCCURRED City or Town County State While Not while ot work 22a. I certify that \$\phi\$ (this hospital) attended the deceosed from 1 - 14 saw the deceased alive an 1962, and that in (sa ___19_62, and that in (ref) (our) apinion death occurred on the date and have and from the saw the deceased alive an_ causes stated above, (14 (we) (did) (de not) view the bady after death. 22b SEGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR r, page 3 be filed \ PHYS PHYS 22d. PHYS CIAN S 22e ADDRESS directar, shauld br 230 BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify FUNERAL DIRECTOR





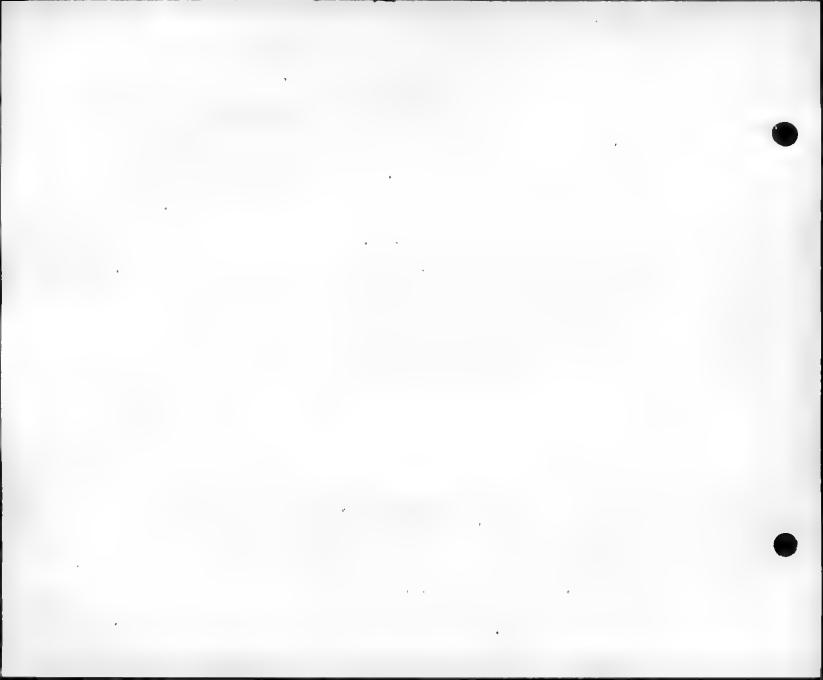




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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transly and the filed with the State Dept. af Health priar to burial, creating the state Dept. af Health priar to burial, creating the state Dept. at Health priar to burial, creating the state Dept. at Health priar to burial, creating the state Dept. at Health priar to burial, creating the state Dept. at Health priar to burial, creating the state Dept. at Health priar to burial, creating the state Dept. at Health priar to burial, creating the state Dept. at Health priar to burial, creating the state Dept. at Health priar to burial, creating the state Dept. at Health priar to burial.		last.	(c)								
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45M - 1X627	<	Frederick C.	Hear	CAMBRI.	DGE, MD.	DATE	FEB 25	1969	1	Crus !	7



MARYLAND STATE DEPARTMENT OF HEALTH 12364 DIVISION OF V Item 3 Film G410 3/4/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02350 CERTIFICATE OF DEATH DECEASED-NAME First Last death. 2a. DATE OF DEATH 2b. HQUR be executed within 24 hours after death pup and completely filled in by the funeral remave carbon papers. Pages ? and n any event, with m. (2 naurs after deat (Type or print) ROBERT SCOTT, JR. 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years HE JHOSER TYPAR last birthgay) haurs (MATA 1912 NEGRO MAY 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? country) MASS. 9 COUNTY OF DEATH 8 MARRIED 🗍 NEVER MARRIED 🔀 WIDOWED TINK DIVORCED DORCHESTER 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in haspital 120 USLA, OCCLPATION (Kind of work done 12b KIND OF BUSINESS OR during most al warking little even if retired) INDUSTRY LABORER CAMBRIDGE 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LUMITS? 13e STREET AND NUMBER 13b COUNTY YES 🔣 NO 🗌 CAMBRIDGE PINE ST. EXTIT 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Lost please ROBERT UNK requires that the death certificate 165 SOCIAL SECURITY NO 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, na, ar unknawn) TINK (If yes give wat or dates of service) 077-34-1107 HOSPITAL RECORDS, CAMBRIDGE MD. HOSPITAL ar remaya Ea. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF condina compression Conditions, if ony, which gove) burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF storing the underlying couse(a Artoriccoloratio cardiomascular manel diamas PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending p prior tal this certificate has been 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? ed far use of Health p YES T NO X 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) be retained by the haspital OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, not fy medical exominer) P.M. 21e. PLACE OF INJURY (AT HOME, EARM, STREET FACTORY,) 21f LOCATION Street or R.F.D. No. City of Tawn Stote County While Nat while at work Page 4 may be retained by t saw the deceased alive on? 1900, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated abave, (V (we) (did) the not) yiew the bady after death 22b SIGNATURE 22c DATE SIGNED MED DIRECTOR DEGREE PHYS directar, page should be filed 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION 23b. DATE 23d LOCATION (City or Town) (County) (State) RETHEL CEMETERY CAMBRIDGE, DOR. 24. FUNERAL DIRECTOR **ADDRESS** 25g REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE CAMBRIDGE, MD. in were for Joseph



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02365 02361 CERTIFICATE OF DEATH DECEASED NAME Last First Middle 20. DATE OF DEATH 2b HOUR PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death to have a hospital or attending physician (Type or print) rsican and completely filled in by the funeral please remove corbon papers. Pages Leagd I, ond in ony event, within 72 hours offereach RAY CLIFFORD TODD 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR 1F JNDER 24 HRS Male White Dec. 28. 1886 lost & thoay) 70 BIRTHPLACE (State or fore an 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Maryland USA Dorchester WIDOWED XX DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working I fe, even if ret red)
Waterman Gambridge Md. Hospital Seafood Cambridge 30. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 3d INSIDE CITY J.M.TS? 13e STREET AND NUMBER admission) STATEMaryland 13b COUNTDorchester Cambridge 404 High Street YES X NO [14. FATHER'S NAME Middle Lost 15 MOTHER'S MAIDEN NAME First Middle physician and First Lost Doma Jehu Todd Parks Marv 16b. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no or unknown) (If was give wor or dates of service) LeCompte Funeral Service records removal APPROXIMATE INTERVAL IB CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) _ Cardiac failure weeks DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) burial-tronsit Coronary Haart Disease vears rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE OR CONDITION GIVEN IN PART 1(a) attending p Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been as the Generalized arberiosclerosis, Arthritis 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [for use Health № ⋤ 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year Ę, (If either, notify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City of Town County State While Not while 22a I certify that (I) (this haspital) ottended the deceased fram 2/11/69 , 19 sow the deceased olive an 2/22/69 19 , and that in (my) (aur) of _, and that in (my) (aur) opinion death occurred an the date and have and from the 3 should director, page 3 should should be filed with the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING 2/24/69 DEGREE DIRECTOR PHYS 22d PHYSICIAN S 22m ADDRESS NAME (Type) 610 Race St., Cambridge, Maryland Alfred R. Maryanov, il.D. Greenlawn Cemetery 23d LOCATION (City or Town) (County)
Cambridge Maryland 23a BUR AL, CREMATION, 25, 1969 BEMOVAL (Specify) 24 FUNERA DIRECTOR LeCompte Funeral Service, Cambridge, Maryland 25b REGISTRAR S S GNATURE 25a RECD BY REGISTRAR DAFEB 1969





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02367 02363 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR completely filled in the funeral ove corbon papers. Pages 1 and 2 y event, within 72 hours after death. requires that the deoth certificate be executed within 24 hours after death (Type or print) Month 04 1:25 PETER 02 Day 69 Year WILMER 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) HOURS NEGRO 04-06-78 MALE 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) MARYLAND U. S. A. DORCHESTER WIDOWED X DIVORCED | 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress)
EASTERN_SHORE STATE HOSP. during most of warking life, even if retired.) INDUSTRY CAMBRIDGE LABORER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e, STREET AND NUMBER odmission) STATE MARYLAND 1/3b. COUNTY TALBOT 308 TALBOT STREET EASTON YES X NO [in on 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle physicion and nen please rem First Lost PETER WILMER ANNA THOMAS ond 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, pp_or unknown) (If yes give wor or dates of service) ar removal, 218-32-0010 RECORDS OF EASTERN SHORE STATE HOSPITAL the attending physical property of the propert 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY 3 days Dronchobneumonia IMMEDIATE CAUSE (o) cremotion, DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-tronsit p burial, cremotic Canditians, if any, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couser PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Congestive heart tailure this certificate has been the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? YES 🔽 NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) jo OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while 22a. 1 certify that (I) (this haspital) attended the deceased from January 3, 1967, to rebruery 4, 1969, that (I) (we) last saw the deceased glive an Econumy 4, 1969, and that in (my) (aur) opinion death occurred on the date and hour and from the O FUNERAL DIRECTOR: After be retained couses stoted obove, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DEGREE director, poge should be filed DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS CAGLOS F BARROSO MD NAME (Type) Horlick Durchester 230. BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) avdova 24. FUNEAAL DIRECTOR ADDRESS 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Wilson Judge 30M REV.

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	DATE THE PLANE	χ	6	A SERVICE	
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SaraleT	(6.20)		49131	0.271	
	Lorent V	Name and			
		4-1			

Lond 2 with the State Department of

offer death.

Health ' prior to burial, cremation, or removal, and in any event within 72 hours 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File page

02368

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02364

_			240										
		CEASED-NAME First PANNY	E I	Middle ROBERSON		INDSO		DEAT	ESTI- TH MATED	Month Day 2/5		2b. HOUR 6 P M	
	3. SE	X 4. RACE 'emale White	June 2	6. AGE (1)	thdey) MO PRS.	IF UNDER 1 YEAR NEHS OAYS	HOURS 24	MIN. Ma	۲.,	DEAD BY 5	Year 69	2d. HOUR 6. 30 M	
		IRTHPLACE (Stote or foreign 7	b. CITIZEN OF WH	IAT COUNTRY? 8.		D NEVER MA		9. COUNTY OF					
	tubili	Maryland	USA		WIDOWE	Particular .	RCED		chester			Md	
0	Ca	ITY OR TOWN OF DEATH IMbridge	give	AME OF HOSPITAL OR INST street address)	St.		during i	most of working House	N (Kind of wark g life, even if ret DW 11 C	tired.) INDL	. KIND OF BUSI USTRY Home		
9		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. IMSIDE CITY UMNIS? 13e. STREET AND NUMBER											
1		W.U.							9 Muir				
	14. FA	ATHER'S NAME First	Middle Lost			. MOTHER'S MAII		First	Middle		Last		
	16- 11	Charles NAS DECEASED EVER IN U.S. ARMED FO		. Roberson		UFODMANT.	F'an	nye ?		Phoma	S		
		es, not or nuknamu) (If her dise m		16b. SOCIAL SECURITY NO.		NFORMANT	a Whar	omol (ADDRESS Service	0 2000	anda		
		NO			130	o omb o	5 Full	IOTAL .	DOT. A T.G.C	3 1.66	APPROXIMATE	INTERVAL	
		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED			0 0 7 22 4	1 2 2 2				-	BETWEEN ONSET	ANO OEATH	
		IMMEDIATE CAUSE (a) GOT OTTAL Y OCC LUST OTT									72 WT	ns.	
		DUE TO, OR AS A CONSEQUENCE OF											
		rise to immediate cause (a). (b) Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF											
		last.											
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
	2												
A	CERTIFICATION	190. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION						20. AUTOPSY	?		
2	TIE			WAS PERFORMED?							AE2 🔲	NO X	
	MEDICAL CER	21g. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH	HOUR A.	INJURY Month, Day, Year M. 19	21c.	HOW INJURY OC	CURRED (Ente	er nature af inju	ury in Port 1 or P	art 2, Item 1	8.)		
	MED	21d. INJURY OCCURRED 21e. P	At home, farm, street, ig, etc.)	21f. L	21f. LOCATION Street ar R.F.D. Na. City or Town					County State			
		22a. I certify that I to	ok charge of t	he remains described	above, h	eld an Auta			Indianasi.	jîry 🔲,	and in m	y apinian	
		death resulted fram: Natural causes 🗷 , Accident 🔝 , Suicide 🔲 , Homicide 🔝 , Undetermined manner 🔲											
		CHIEF MEDICAL EXAMINER											
		ACTUAL SIGNATURE								IED			
2		EXAMINERS John I	Mace Ji	e. M.D.				EXAMINER X	_	6/69 mbrid	ige. N	Ad.	
	23a.	BURIAL, CREMATION, 23b.		23c. NAME OF CE	METERY OR	CREMATORY			ON (City or Town)) (Cou	unty) (SI	tate)	
	Bu	REMOVAL (Specify)	/69	Green	nlaw	n Ceme	terv		bridge	7			
1	24.	FUNERAL DIRECTOR		ADDRESS	5		2So. REC'D	BY REGISTRAR		STRAR'S SIGN			
3	1	eCompte Fune	ral Ser	rvice. Car	nhri	lee. M	CHATE FF	B 1 0 1	aca be	Charge	the Vocati	William .	

VR A15ME (5)

TO DEPUTY

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director, Page 4 should be forwarded to the Chief Madical Committee.

